

Vendor ID:



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-7022 www.sandhillscenter.org

ACH DIRECT DEPOSIT OF ACCOUNTS PAYABLE AUTHORIZATION AGREEMENT

I hereby authorize Sandhills Center LME and the Financial Institution shown to deposit my payment(s) directly to my bank account. If funds to which I am not entitled are deposited to my account, I authorize Sandhills Center LME to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization agreement or cancel my participation.

Check One: / ___ / NEW / ___ / CHANGE / ___ / CANCEL

COMPANY NAME (please print): _____

OWNER NAME (please print): _____

POINT OF CONTACT NAME/PHONE: _____

EMAIL ADDRESS FOR PAYMENT NOTIFICATION: _____

TIN or SSN USED FOR TAX PURPOSES: _____

BANK NAME: _____

CITY: _____ **STATE:** _____

ACCOUNT NUMBER: _____

TRANSIT/ROUTING NUMBER: _____

SIGNATURE: _____ **DATE:** _____

IMPORTANT: Attach a voided check or a letter from your financial institution for the above account so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

You may submit this completed form and attachment via mail to the address above, fax to: 910-673-7992 or send via e-mail to accountspayable@sandhillscenter.org

***** Please note that it may take one to two billing cycles for any changes to take effect. *****

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 1-800-256-2452
TTY: 1-866-518-6778 or 711
Serving Anson, Davidson, Guilford, Harnett, Hoke, Lee,
Montgomery, Moore, Randolph, Richmond and
Rockingham counties

